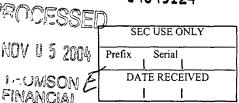
# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



04049124

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is	an amendment and name has changed, and	indicate change.)
Preferred Stock		111038
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule	: 506 Rule 4(6) ULOE
Type of Filing: New Filing Amend	dment	
	A. BASIC IDENTIFICATION DATA	(1)
1. Enter the information requested about the i	ssuer	
Name of Issuer ( check if this is an amend	dment and name has changed, and indicate	change.)
Securivacy, Inc. (f/k/a SingleSignOn.net Inc	c., f/k/a SingleLogon.com Inc.)	
Address of Executive Offices (	Number and Street, City, State, Zip	Telephone Number (Including Area Code)
Code)		
1500 Fashion Island Boulevard, Suite 201, S	San Mateo, CA 94404	(650) 357-0547
Address of Principal Business Operations (	Number and Street, City, State, Zip	Telephone Number (Including Area Code)
Code)		Same
(if different from Executive Offices)		
Same		
Brief Description of Business		
Software development and sales company.		
Type of Business Organization		_
orporation [	limited partnership, already formed	other (please specify):
☐ business trust	limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Incorporation or G	Organization: 06 2000 🛛 Actu	al Estimated
Jurisdiction of Incorporation or Organization:		eviation for State: DE
	CN for Canada; FN for other foreign jurisc	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of secur 77d(6).	rities in reliance on an exemption under Regulation I	D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

A. BASIC IDENTIFIC	AIIUN DAIA	. I -	
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organized wi	thin the past five years;		
• Each beneficial owner having the power to vote or dispose, o equity securities of the issuer;	• •	ion of, 10% or	more of a class of
<ul> <li>Each executive officer and director of corporate issuers and issuers; and</li> </ul>	of corporate general and	managing part	ners of partnership
• Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)			
Ganesan, Ravi			
Business or Residence Address (Number and Street, City, State, Zip Coo	le)		
1500 Fashion Island Boulevard, Suite 201, San Mateo, CA 94404			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director [	General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Trident Capital Fund-V, L.P. and affiliates			
Business or Residence Address (Number and Street, City, State, Zip Coo	le)	114	
505 Hamilton Avenue, Suite 200, Palo Alto, CA 94301			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
7 1121			
Full Name (Last name first, if individual)			
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Coo	le)		
ArrowPath Fund II, L.P. and affiliates	de)		
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod		☑ Director	General and/or Managing Partner
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Coo  1550 El Camino Real, Suite 100, Menlo Park, CA 94025		] Director	
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Coc  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)		Director [	
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick	Executive Officer	☑ Director [	
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cod	Executive Officer	☑ Director [	
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick	Executive Officer    Continue	☑ Director ☐	Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Coc.  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Coc.  c/o Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I  Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer  le)  ake City, UT 84101		Managing Partner
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cod  c/o Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)	Executive Officer  le)  ake City, UT 84101		Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cod  c/o Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Meekin, Peter	Executive Officer  ie)  ake City, UT 84101  Executive Officer		Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cod  c/o Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Meekin, Peter  Business or Residence Address (Number and Street, City, State, Zip Cod	Executive Officer  le)  ake City, UT 84101  Executive Officer		Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cod  c/o Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Meekin, Peter	Executive Officer  le)  ake City, UT 84101  Executive Officer  le)  o, CA 94301		Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cool 1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cool Cool Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Meekin, Peter  Business or Residence Address (Number and Street, City, State, Zip Cool Cool Trident Capital Fund, 505 Hamilton Avenue, Suite 200, Palo Alternative Cool Cool Cool Cool Cool Cool Cool Coo	Executive Officer  le)  ake City, UT 84101  Executive Officer  le)  o, CA 94301	☑ Director [	Managing Partner  General and/or Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cool 1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cool Cool Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Meekin, Peter  Business or Residence Address (Number and Street, City, State, Zip Cool Cool Trident Capital Fund, 505 Hamilton Avenue, Suite 200, Palo Alt Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)	Executive Officer  le)  ake City, UT 84101  Executive Officer  le)  o, CA 94301	☑ Director [	Managing Partner  General and/or Managing Partner  General and/or
ArrowPath Fund II, L.P. and affiliates  Business or Residence Address (Number and Street, City, State, Zip Cod.  1550 El Camino Real, Suite 100, Menlo Park, CA 94025  Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Efstratis, Nick  Business or Residence Address (Number and Street, City, State, Zip Cod.  c/o Wasatch Venture Fund, 15 West South Temple, Suite 520, Salt I Check Box(es) that Apply: Promoter Beneficial Owner  Full Name (Last name first, if individual)  Meekin, Peter  Business or Residence Address (Number and Street, City, State, Zip Cod.  c/o Trident Capital Fund, 505 Hamilton Avenue, Suite 200, Palo Alt.  Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer    ake City, UT 84101     Executive Officer     be     co, CA 94301     Executive Officer	☑ Director [	Managing Partner  General and/or Managing Partner  General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		ales and a		B. IN	IFORMA'	TION AB	OUT OFF	ERING	*40		1 5 (es)	
1.	Has the issue		oes the issu	er intend t	o sell, to no	on-accredi	ted investor	rs in this o	•			Yes No
	Answer also in Appendix, Column 2, if filing under ULOE											
2.	2. What is the minimum investment that will be accepted from any individual:											
3.												
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Ful	l Name (Last n	ame first, i	f individua	1)								
Bus	siness or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate, Zip Co	ode)					
Nai	me of Associat	ed Broker (	or Dealer		<del></del>							
Sta	tes in Which P	erson Liste	d Has Solid	cited or Int	ends to So	licit Purch	asers					
	•	All States"					All Sta	ites				
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Bus	siness or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate, Zip Co	ode)					
Nai	me of Associat	ed Broker o	or Dealer									· · · · · · · · · · · · · · · · · · ·
Sta	tes in Which P					licit Purch				<del></del>		
	-	All States"				r.coma	☐ All Sta		CDT 1	50.43	FT 771	(TD)
[AI [IL]		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[M		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WI]	[PR]
	l Name (Last n											
Bus	siness or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate, Zip Co	ode)					
Nai	me of Associat	ed Broker (	or Dealer									
Sta	tes in Which P					licit Purch					<del></del>	
ГАТ	•	All States"			•	(CT)	All Sta		נוסד ז	[A]	רד דרי	נגוסי
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[M	T] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI	] [SC]	[SD]	[TN] Use blank	[TX] sheet, or co	[UT] opy and use	[VT] e additiona	[VA] 1 copies of	[WA] this sheet.	[WV] as necessa	[WI] rv.)	[WI]	[PR]
		'						,		2.7		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	<b>S</b>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>10,117,500</u>	\$ <u>10,117,500</u>
	☐ Common ☐ Preferred	Ψ <u>10,117,200</u>	Ψ <u>10,117,500</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$10,117,500	\$10,117,500
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<del></del>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	10	\$ <u>10,117,500</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fee		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ <u>100,000</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	$\boxtimes$	\$ 100,000

	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND USE	OF PROCEED	<b>S</b>
	b. Enter the difference between the aggregate Question 1 and total expenses furnished in respis the "adjusted gross proceeds to the issuer."	onse to Part C - Question 4.a. This difference		\$ <u>10,017,500</u>
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amestimate and check the box to the left of the equal the adjusted gross proceeds to the issuer above.	nount for any purpose is not known, furnish an stimate. The total of the payments listed must		
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□\$	<b>_</b> \$
			 \$	 
		of machinery and equipment	□\$ □\$	□\$ □\$
		• •		
	<b>~</b> .	and facilities	□\$	\$
	Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)		<u></u> \$	<b></b>
	Renayment of indebtedness		\$867,500	Пs
	• •		□\$	⊠\$9,150,000
	Other			
		(specify):	<b></b>	<b></b>
			□\$	<b></b>
	Column Totals		□\$ <u>867,500</u>	<b>⊠</b> \$ <u>9,150,000</u>
	Total Payments Listed (column totals adde	d)	<b>⊠</b> \$10	0,017,500
		D. FEDERAL SIGNATURE		
the	e issuer has duly caused this notice to be signed following signature constitutes an undertaking tten request of its staff, the information furnishe	by the issuer to furnish to the U.S. Securities	and Exchange (	Commission, upon
	uer (Print or Type)	Signature 0 0	Date	
	urivacy, Inc.	Kunfarre	1/1/04	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Ra	vi Ganesan	President		
		ATTENTION		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions or such rule?	Yes	No
	See Appendix, Column 5 for state response.	_	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Securivacy, Inc.	Signature	Date 11/1/04
Name (Print or Type)	Title (Print or Type)	
Ravi Ganesan	President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1		2	3			4			5 ification
•	to acci inve	d to sell non- redited stors in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	İ	X	\$9,617,500	9	\$9,617,500	0	N/A		X
СО									
СТ									
DE									
DC									
FL									
GA		· · · · · · · · · · · · · · · · · · ·							
HI									
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IL		: 							
IN									
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MD		-							
MA									
MI					<del></del>				
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SEC 1972 (5/91)

## APPENDIX

1		2	3			4		D:	5 alification
, t	- to l Accr Investor (Part B	I to Sell Non- edited s in State - Item 1)	Type of Security and aggregate offering price offered in State (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No	Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH					<del> </del>				
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК			,						
OR									
PA									
RI									
SC									
SD									
TN									
TX					: 				
UT		X	\$500,000	1	\$500,000	0	N/A		X
VT									
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SEC 1972 (5/91)